

KOKOMO HOUSING AUTHORITY'S HOUSING ASSISTANCE APPLICATION

****Please note: An incomplete application will not be processed!
Please make sure that you answer all areas appropriate to your family.*

OFFICE USE ONLY
DATE & TIME STAMP BELOW:

KHA SIGNATURE
Copy of photo ID? Yes or No

Contact Information

Mailing Address:	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Street (including Apt or Lot #) or P.O. Box</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State Zip Code </div>
Phone Number(s):	<div style="border-bottom: 1px solid black; height: 20px;"></div>
Email Address:	<div style="border-bottom: 1px solid black; height: 20px;"></div>

Preferred method of contact (Please check only ONE): Mail Email

****Note: We will use your preferred method of contact for any notifications of your application status. This information can be changed.*

Household Information

Please list all members of your household, including yourself, who are expected to live with you at the time we offer you assisted housing. If you or anyone in your family requires a reasonable accommodation in order to fully use our programs and services, please contact the our office at (765) 459-3162.

Full Legal First Name	Full Legal Last Name	Relationship to Head of Household	Date of Birth	Full-time student?	Marital Status	Social Security Number <i>(Required)</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

1. Have you or any member of your household been known by any other name? Yes No

If yes, please list below:

Current Name: _____ Previous Name(s): _____

Current Name: _____ Previous Name(s): _____

2. Has any adult in the household received a felony conviction? Yes No

If yes, please provide the name of the household member, the charge they were convicted with, and when this conviction occurred: _____

3. Has any member of your family ever been in the foster care system or is any member of your family currently in the foster care system? Yes No

If yes, when? _____

4. Are any adult members of the household a full-time student (12+ credit hours per semester)? Yes No

If yes, please list their name(s) and which school they attend:

Name of family member: _____

Name of school: _____

a. Does this person receive a scholarship or grant? Yes No

If yes, how much is approved for housing expense? \$ _____

Current and Previous Address Information

List all former addresses in the last 5 years including: shelters, places you have rented from, or if you have lived with family members (please include your current residence)

Address where Resided (Include city, state and zip code)	From Month/Year to Month/Year	Family Member Name, Landlord information, or Shelter name & Address
Current:		

Income information

Is there any income in the household? Yes No If yes, please list below.

Which member receives Income	Source of Income	Gross Amount Received	How often Paid

Asset Information

Type of Asset/Account (such as checking, savings, stocks, bonds, etc.)	Bank Name and Account Number	Balance and Interest Rate

Do you own a home or other real estate? Yes No. If yes, please list the address of property or properties that you own.

Allowances

Childcare allowance (If employed, seeking employment, or attending school)

Name of business/person providing care: _____

Address of childcare provide: _____

How often Paid: _____ Amount Paid: \$ _____

Medical Expenses (If Head of Household, Co-Head, or Spouse are elderly or disabled):

Name of Health Insurance Company _____

Premium number _____

Physician name _____ Address _____

Name of Pharmacy _____ Address _____

Previous Participation Information

1. Has anyone listed on this application ever lived in a household receiving help with rent from any HUD program such as Public Housing or Section 8?
 Yes No

If yes, please provide information the following information:

Name of household member(s) received/receiving assistance: _____

Name of agency (ex: Kokomo Housing Authority): _____

Type of program (ex: Section 8): _____

Start date and end date of assistance: _____

2. Do you owe money to the Kokomo Housing Authority or any other HUD program such as Public Housing or Section 8?
 Yes No

If yes, please list who the money is owed to: _____ Amount owed: \$ _____

3. Have you ever committed fraud in connection with a federal program? Yes No

4. Have you disposed of any assets for less than fair market value in the past (2) years? Yes No

Please list below the names and address of two (2) friends or relatives not living with you whom we may contact to leave a message or in the event of an emergency.

Name	Relationship	Phone number

Certified Statement: The information requested on this form is being collected in connection with regulations of the Housing and Urban Development to determine an applicant's initial and continued occupancy, the unit size and the amount of contribution by the residents. It will be used to provide the basis for managing the programs for protecting the United States Government and The Housing Authority of the City of Kokomo, Indiana's financial interest and for verifying the accuracy of the information furnished. It may be released to appropriate federal, state and local agencies, when relevant to civil, criminal or regulatory investigators or prosecutors. Failure to provide any information may result in delay or rejection of eligibility approval, or subsequent determination that initially approved eligibility approval

was erroneous. General authorization to request this information is based on the authority granted by the United Development Amendments of 1981, p.1,.97-35, 85 status, 348-408.

Applicant's statement: I/We certify that the information given to the housing authority on household composition, income, family assets and allowances is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that we are responsible for reporting any changes to our application by means of completing an update form in the Housing Services office.

Head of Household Signature Date

Spouse/Co-Head Signature Date

Other Adult Signature Date

Other Adult Signature Date

KHA Representative Date

Please return with copies of the following documentation:

- **Identification for all household members over the age of 18 on application.**
- **Social Security Cards for all household members on application.**
- **Birth Certificates for all household members on application.**

Please note that these documents are required to add you to our waiting lists. Your application will not be processed or accepted without them.

OFFICE USE ONLY:

SCANNED DATE: _____



LOCAL PREFERENCE SHEET

HOH Name: _____ Social Security # _____

The Kokomo Housing Authority uses the following Local Preferences. Please place a check mark in the box or boxes that apply to your situation. Additional information and verification will be needed when you complete an update.

Are you currently self-employed? YES NO

What type of work do you do? _____

Are you currently Employed? YES NO

Name of Employer: _____

Length of time at current employment: _____

Address and phone number of current employer: _____

Are you a Veteran? YES NO

Are you receiving Social Security or Disability? YES NO Are you over 61? YES NO

Do you have a disability that impacts your daily personal activities? YES NO

Are you currently homeless? YES NO

Name of shelter or individual(s) you are staying with, and contact information: _____

Are you a victim of domestic violence or a hate crime? YES NO

Are you currently working with any local agency who referred you to KHA? YES NO

Which agency referred you? _____

Do you have a partner referral form? YES NO If yes, please provide a copy of the referral form.

Are you a resident of Howard County, Indiana? YES NO

Applicant's statement: I/We certify that the above information given to the housing authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We understand that we are responsible for reporting any changes to our application by means of completing an update form in the Housing Services office.

Applicant Signature

Date



Housing Authority of the City of Kokomo, Indiana

210 East Taylor Street · P.O. Box 1207 · Kokomo, Indiana 46903-1207

Telephone (765) 459-3162 · Fax/TDD (765) 452-7199

Derick W. Steele, CEO

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT – I authorize and direct any Federal, State, County or City Agency, financial or credit institution and/or loan company, business, or individual to release to the HOUSING AUTHORITY OF THE CITY OF KOKOMO (KHA) any information or materials needed to complete and verify my application for participation and/or maintain my continued assistance under the Section 8 Housing Choice Voucher Program, or other housing assistance program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administration and enforcing program rules and policies. I also consent for HUD or the KHA to release information from my file about my rental history to HUD credit bureaus, collection agencies or future landlords. This includes records on my payment history, and violations of my lease or HUD/KHA policies.

INFORMATION COVERED – I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. **Verification and/or disclosure of information contained in accounts and inquiries that may be requested include but are not limited to:**

Identity & Martial Status	Employment Income	Residences & Rental Activity
Real Estate	Personal Property/Assets	Family Composition
Medical Records & Expenses	Child Care Expenses	Criminal Activity
Income Benefits (Welfare, SSI, UIB, etc.)	Income Tax History	Credit Accounts & Applications
Bank, Credit Union Accounts & Statements	Non-Citizen Status	Credit reporting

GROUP OR INDIVIDUALS THAT MAY BE ASKED – I understand that the KHA may in the course of determining eligibility or in a fraud investigation may share the above information with the following Groups or Individuals. **The groups or individuals that may be asked to release or share the above information (depending on program requirements) include but not limited to:**

Previous Property Owners	Past & Present Employers	Veterans Pension/Benefits
Previous Public Housing Agencies	Welfare Agencies	Retirement Systems
Courts & Post Office	State Unemployment Agencies	Bank/Financial Institutions
Social Security Administration	Law Enforcement Agencies	Credit Providers & Bureaus
Schools and Colleges	Medical & Child Care Providers	Utility Companies
Support & Alimony Providers	District Attorney	US Immigration & Naturalization
Internal Revenue Service	Unemployment Department	Service

COMPUTER MATCHING NOTICE AND CONSENT – I understand and agree that HUD or the KHA may conduct computer matching programs to verify the information for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the KHA may in the course of its duties (including fraud investigation) exchange such automated information with other Federal, State, County or City Agency, including but not limited to:

State Employment Security Agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; the Social Security Agency; and State or local welfare and food stamp agencies.

CONDITIONS – I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the KHA and will stay in effect for a year and one month from the date signed. In the event that the authorization is expired, I understand the KHA (when deemed necessary) may mail an authorization form for renewal (to be signed and returned by me) in order to maintain continued assistance under the Section 8 Housing Choice Voucher Program. I understand I have a right to review my file and correct any information that I can prove is incorrect.

NOTE: This General consent may not be used to request a copy of tax returns. If a copy of a tax return is needed, IRS Form 4506 – “Request for a copy of tax form” must be prepared and signed separately.

My signature here attests to agreement with the information on both sides of these documents

Initial: _____



APPLICANT/TENANTS CERTIFICATION

Giving True and Complete Information - I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition - I know I am required to immediately (within 14 days) report in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I also understand that I am required to report if any adult living with me is no longer a full-time student. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance - I certify that I have disclosed where I received any previous Federal housing assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance - I certify that the house or apartment that will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation - I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing or signing needed forms, submitting documentation requested by the Kokomo Housing Authority I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information - I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

My signature here attests to agreement with information on both sides of this document.

Head of Household (signature)

(Print name)

(Social Security No.)

Date

Spouse (signature)

(Print name)

(Social Security No.)

Date

Adult Member (signature)

(Print name)

(Social Security No.)

Date

Adult Member (signature)

(Print name)

(Social Security No.)

Date



Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.